MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-027385
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 948

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 5117
2 5117
3
4 0
5 0
6
7 0
8 1
9 X
10
11 1:31
12 9-0
13 1-1

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 12 1963

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 18 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Methodist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2205 Edmond St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle IRA Last TURNER

4. DATE OF DEATH: Month August Day 2 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/13/1941

9. AGE (last birthday): 22
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supplyman

10b. KIND OF BUSINESS OR INDUSTRY: Green Hiss Grocery

11. BIRTHPLACE (City and state or country): Grant City Missouri

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: James C. Turner

13b. MOTHER'S MAIDEN NAME: Dorothy Summa

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Bill F. Conner Address: 2205 Edmond St. St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fracture of the nasal ethmoid, maxillary, sphenoid, and frontal bones. Cerebral contusions and lacerations.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 12 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Car struck utility pole
20c. TIME OF INJURY Hour a.m. p.m. 3:50 Month, Day, Year 8-1-63
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
20f. CITY, TOWN, OR LOCATION: St. Joseph COUNTY: Buchanan STATE: Mo.

21. I attended the deceased from 8/1/63 to 8/2/63 and last saw him alive on 8/1/63
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John L. McDaniel MD
22b. ADDRESS: 902 Edmond St., St. Joseph, Mo.
22c. DATE SIGNED: 8/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/5/63
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Blame Funeral Home ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 8, 1963
26. REGISTRAR'S SIGNATURE: Mrs. Clarke Kendell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 8-5-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allen C Bazan

Licensed Embalmer No. 4795

P. O. Address St Joseph mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.